

| POSITION                  | INITIALS | ID NO. | DATE                 |
|---------------------------|----------|--------|----------------------|
| FEE DETERMINATION         |          |        |                      |
| O.I.P.E. CLASSIFIER       |          |        |                      |
| FORMALITY REVIEW          | SS       | JCSN   | 03/08/01             |
| RESPONSE FORMALITY REVIEW | DA       | 676    | 03-19-01<br>06/12/01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    | 1/03/01 |
| Original | 1/03/01 |
| 1        | 1/03/01 |
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| 50       | V/V/V/V |

| Claim    | Date    |
|----------|---------|
| Final    | 1/03/01 |
| Original | 1/03/01 |
| 51       | X/N     |
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| 53       | X/N     |
| 54       | X/N     |
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| 58       | X/N     |
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| 68       | X/V     |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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